

A discursive analysis of reports questioning the quality of care provided to older people in Acute National Health Service Hospitals in England and Wales: implications for dignity, identity and spirituality

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Aim

- This paper presents the findings from a discursive analysis conducted on four reports published in England between 2009 – 2011.

Context

The United Nations Department of Economic Affairs Populations Division (2002) predicts that:

- “Increases in the proportions of older persons (60 years or older) are being accompanied by declines in the proportions of the young (under age 15).”
- “Globally the population of older persons is growing by 2 per cent each year, considerably faster than the population as a whole. For at least the next twenty-five years, the older population is expected to continue growing more rapidly than other age groups. The growth rate of those 60 or older will reach 2.8 per cent annually in 2025-2030. Such rapid growth will require far-reaching economic and social adjustments in most countries”

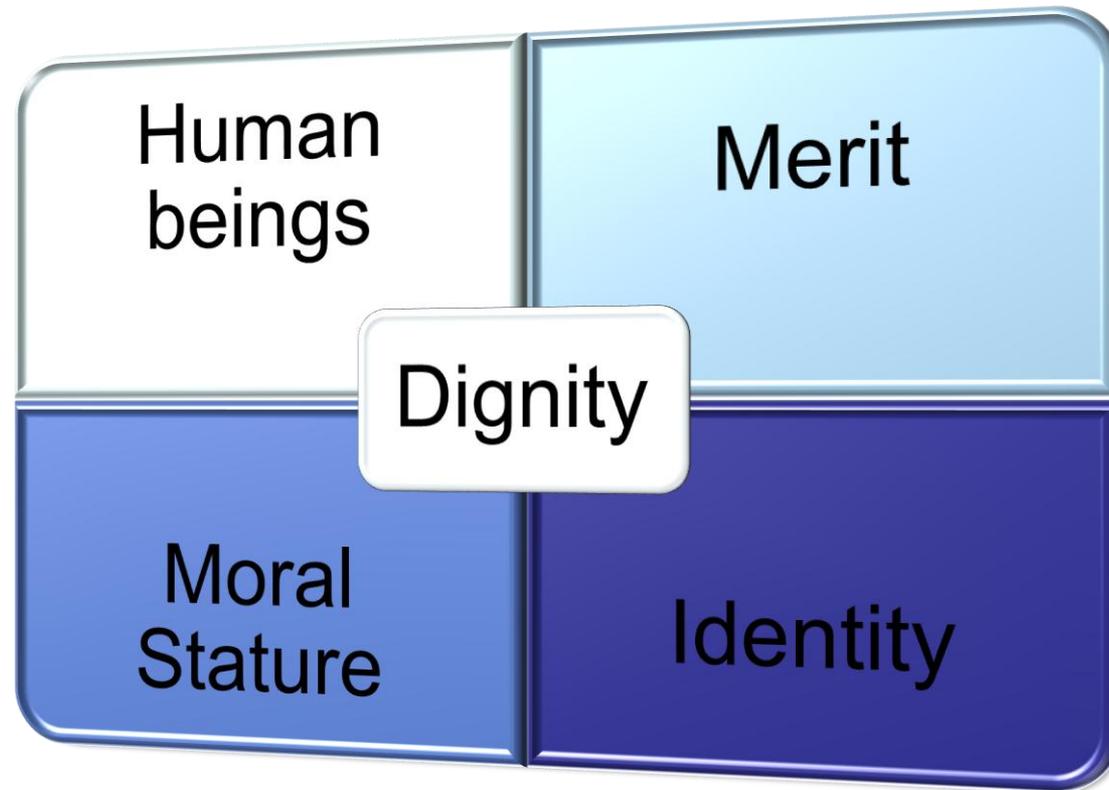


Impact of aging population

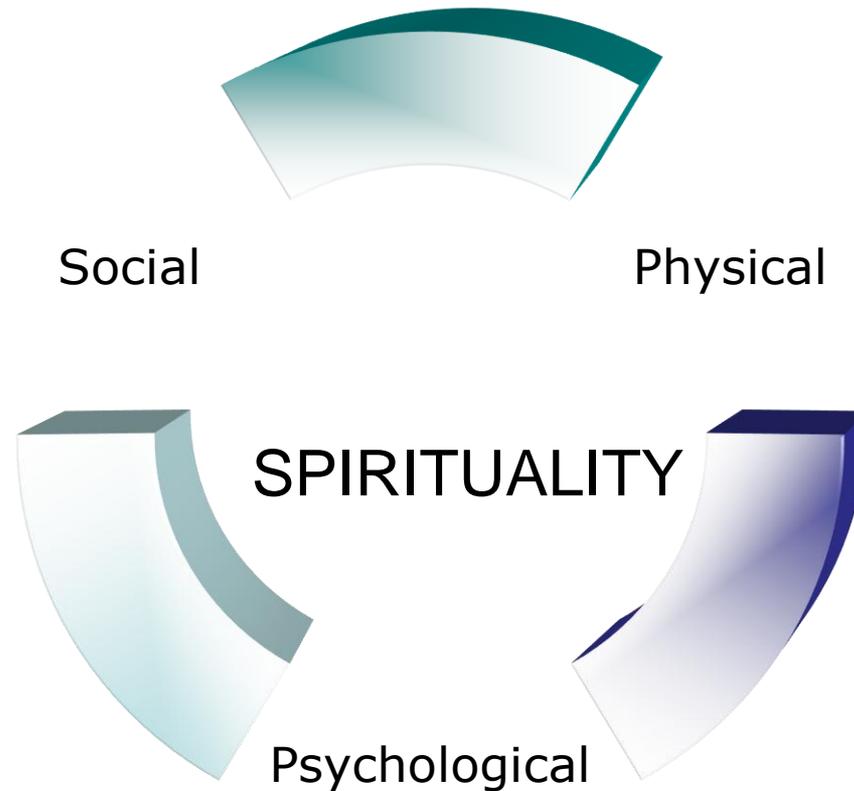
- Increased longevity
- Complex and co-morbidity
- Greater utilisation of health and social care
- Decrease in available carers
- Increase in hospitalisation for frail elder
 - Poor prognosis and rise in mortality rate
 - Lack of skilled and caring workforce



Model of Dignity – Adapted from Dignity and Older Europeans (2004)



Holistic model



McSherry (2009) Definition of Spirituality

Spirituality is universal, deeply personal and individual; it goes beyond formal notions of ritual or religious practice to encompass the unique capacity of each individual. It is at the core and essence of who we are, that spark which permeates the entire fabric of the person and demands that we are all worthy of dignity and respect. It transcends intellectual capability, elevating the status of all of humanity.

McSherry, W. Smith, J (2012) Spiritual Care In McSherry, W., McSherry, R., Watson, R. (Eds) (2012) Care in Nursing Principles values and skills Oxford University Press, Oxford

RCN (2010) Spirituality is about:

- Hope and strength
- Trust
- Meaning and purpose
- Forgiveness
- Belief and faith in self, others and for some this includes a belief in a deity/higher power
- Peoples values
- Love and relationships
- Morality
- Creativity and self expression

Fenton's and Mitchell's definition (2002 p 21)

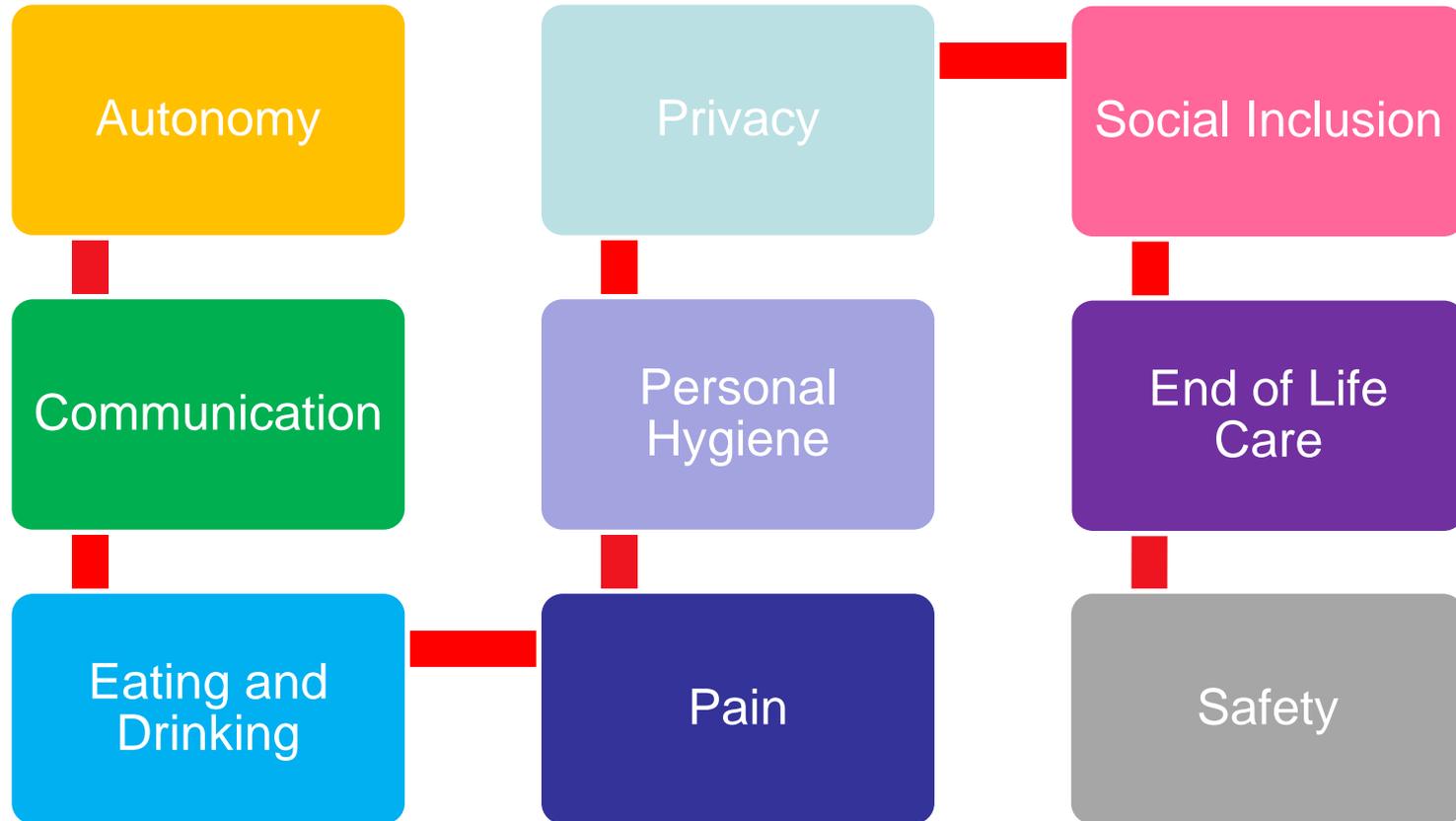
“Dignity is a state of physical, emotional and spiritual comfort, with each individual valued for his or her uniqueness and his or her individuality celebrated. Dignity is promoted when individuals are enabled to do the best within their capabilities, exercise control, make choices and feel involved in the decision-making that underpins their care.”

Fenton, E, Mitchell, T. (2002) Growing old with dignity: a concept analysis
Nursing Older People 14 (2) 16 - 21

Methodology

- Each report read and annotated
- Text exported into Microsoft word
- Key word analysis using find and highlight facilities
- Mapping of items against the dignity domains
- Content and Thematic Analysis – identification of themes
- Text extraction to substantiate themes

Dignity Domains



Autonomy

Autonomy

Involvement
in decision
making

Freedom to
complain

Personal
property



Sample questions

Involvement in decision making

- Were you involved as much as you wanted to be in decisions about your care and treatment?

Freedom to complain

- Do you feel that you were able to raise questions about your care or treatment with staff?

Personal property

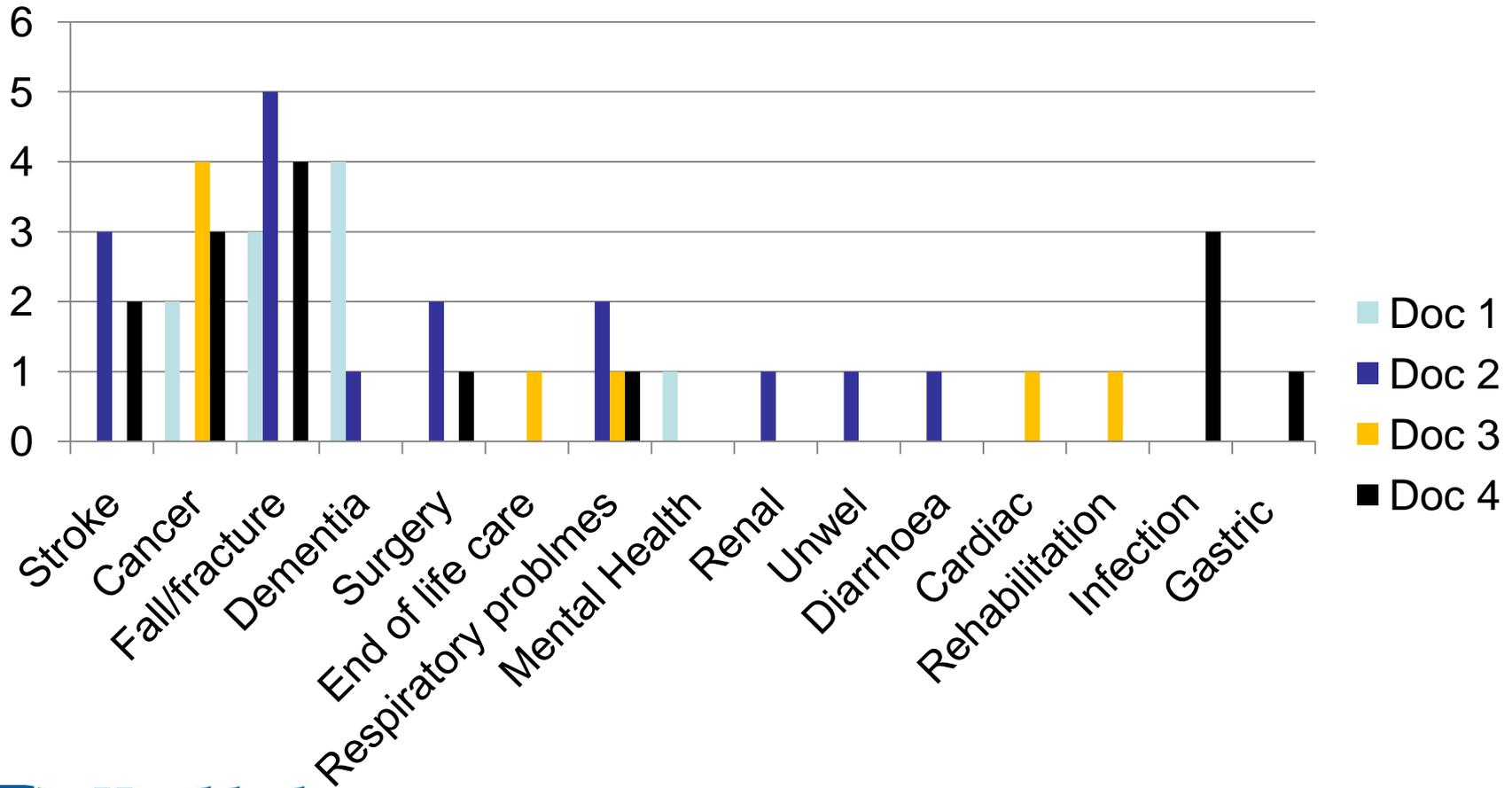
- Did you have somewhere to keep your personal belongings while on the ward?



Demographics

- Total Accounts 59
- Time span 2005 2011
- Age range 52 99 (Mean 82.3)
- Gender Male 19 Female 40
- Deceased 44 15
- Complainant
 - Spouse 10
 - Daughter/son 39
 - Self 3
 - Other 7

Reason for admission



Key word analysis

Key word search and analysis Care and Compassion

Autonomy

Key word	Item Frequency	Example of text	Location
Property	5	She complained that Mrs H's property and clothing had not been taken care of whilst in hospital, and that no arrangements had been made to launder her clothes.	Page 24
Complaints	3	She said that when she raised concerns about this with staff on the ward she was told there was no complaints department.	Page 17
Involved	2	. 'They let her slip away under the cloak of "quality of life" without stopping to think of any other involved party.'	Page 1
Valuables	1	her valuables and clothing were brought to the ward but there was no record of their receipt	Page 24

Concept and thematic analysis

1. Poor standards and quality of care
2. Erosion of core values
3. Objectification and humiliation
4. Perceptions of role
5. Model and focus of care delivery
6. Organisational and system failures

Theme 1

- Poor standards and quality of care
 - Pain relief
 - Poor management and inadequate
 - Nutrition/fluid intake
 - not always assessed/ lack assistance with eating and drink
 - Personal hygiene
 - not washed or bathed
 - Not given choice or decisions

Illustrations

*I was upset on the day because I was watching my mother, who I have cared for since my Father's death eight years ago, **starve to death in front of me.** He told me that if she wanted to starve to death then it was up to her and that he wasn't force-feeding her. I told him that I wanted to know about the extent of her condition and he told me that I had no legal right to this information and he wouldn't discuss it with me. (The Patients Association 2010 p 59)*

Theme 2

- Erosion of core values
 - lack of care and caring
 - Compassion
 - Empathy
 - Sensitivity
 - Dignity/respect

Illustrations

I don't know if some staff have forgotten one of the fundamental things about being ill is that yes you need the clinical treatment, but you also need the care and compassion. (The Patients Association 2010 p

At this point I asked everyone to stop and calmly pointed out that she was a human being and there because she was not well and requested that she might be allowed at least the dignity of being dressed again and made as comfortable as possible. ...It was unbelievably undignified and certainly not caring in any way.

The Patients Association (2010 p 13)

Theme 3

- Objectification and humiliation
 - Patients do not feel they are human
 - Treated impersonally
 - People left in solid clothes/bed
 - Told to defecate or pass urine in pads
 - Staff not responding to calls for assistance in a timely manner

Illustrations

*Her son ... tells us that he feels the nurses **treated his mother like a 'slab of meat'**, making rude and insensitive comments about her weight within her earshot. (The Patients Association 2011 p 36)*

*I remember going to see dad on one occasion and he said he needed to pass water. I was present when he asked, **he was just told "don't worry about it" which meant he had no choice but to wet the bed.** I was appalled. My father was a very quiet but very dignified man. For him this was the ultimate humiliation. (The Patients Association 2010 p 78)*

Theme 4

- Perceptions of role
 - Staff attitude
 - Not listening to patients/families
 - Not believing
 - Limited/no consultation or involvement
 - Lacking sensitivity
 - Rude and intimidating

Illustrations

*I asked about whether there was a treatment plan and was told that the nurse had informed my brother and **asked why did I now want to know.** The nurse **was quite rude** but when I managed to collar a doctor he just said that the consultant had seen her and that my mother would probably move to one of the other wards that evening. I still wasn't given any proper information and it **seemed that when relatives arrived the staff did their best to disappear.***

The Patients Association (2010 p 41)

Theme 5

- Model and focus of care delivery
 - Not person centred
 - What they felt constituted a person
 - Impact of treatment and care on
 - Patient's/families identity, self-esteem, self-worth
 - In humane
 - Phrases like squealed like a piglet

Illustrations

When the family asked for help to put Mr D on the commode he had 'squealed like a piglet' with pain.

*Parliamentary and Health Service
Ombudsman (2011 p 13)*

Theme 6

- Organisational and system failures
 - Procedural – systems and process
 - Discharge planning – poor
 - Inter and cross-sector communication
 - Responding to criticism and complaint
 - **Spiritually depleted culture not nurturing or sustaining**

Illustrations

*Again, she wasn't turned regularly and upsettingly for my brother who visited her frequently, **she was often found in her own faeces and urine when he arrived.** He would need to prompt staff to come and wash and change her. The Patients Association 2009 p 13)*

*The ward was dirty and untidy. On at least two occasions during my mother's stay, **I arrived to find urine soaked pads left on her bedside table, alongside her drinking water.***

(The Patients Association 2011 p 66)

“We get treatment in the
hospital and care in the
hospice”

Treatment

Scientific

Proficient

Technical Competence

Detached

Robotic

Cold

Care

Warm

Time

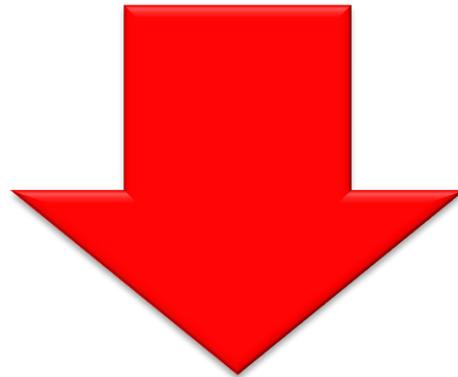
Presence

Valued

Accepted

Recognise the person

Hard and Soft Nurse



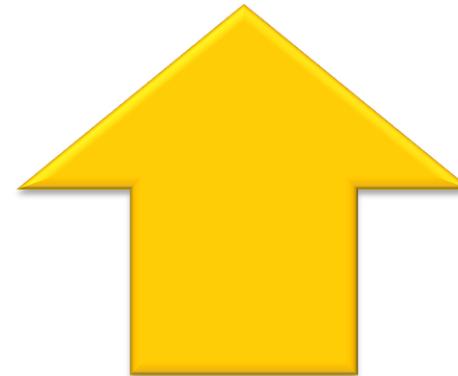
Hard

- Proficient
- Technical Competence
- Detached
- Robotic
- Cold

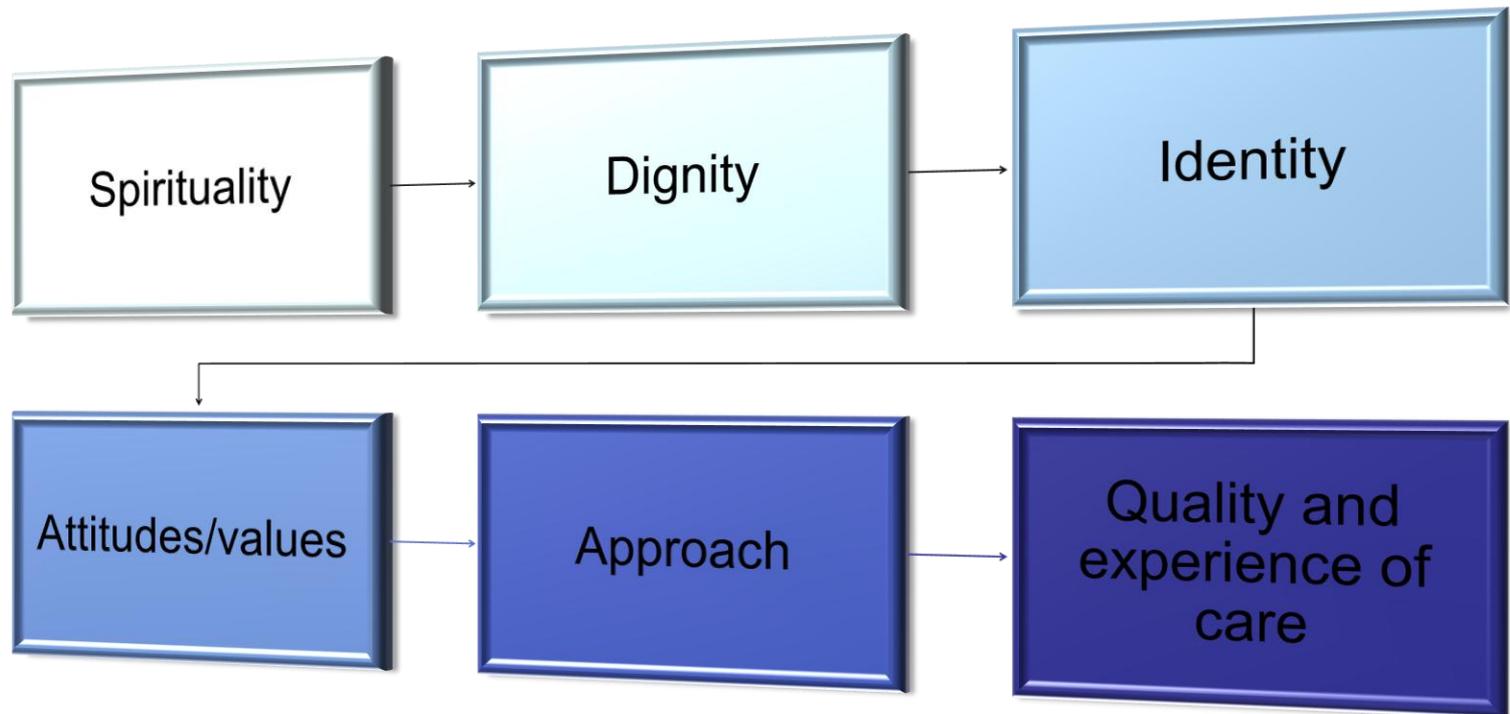


Soft

- Warm
- Time
- Presence
- Valued
- Accepted
- Recognise the person



Relational model

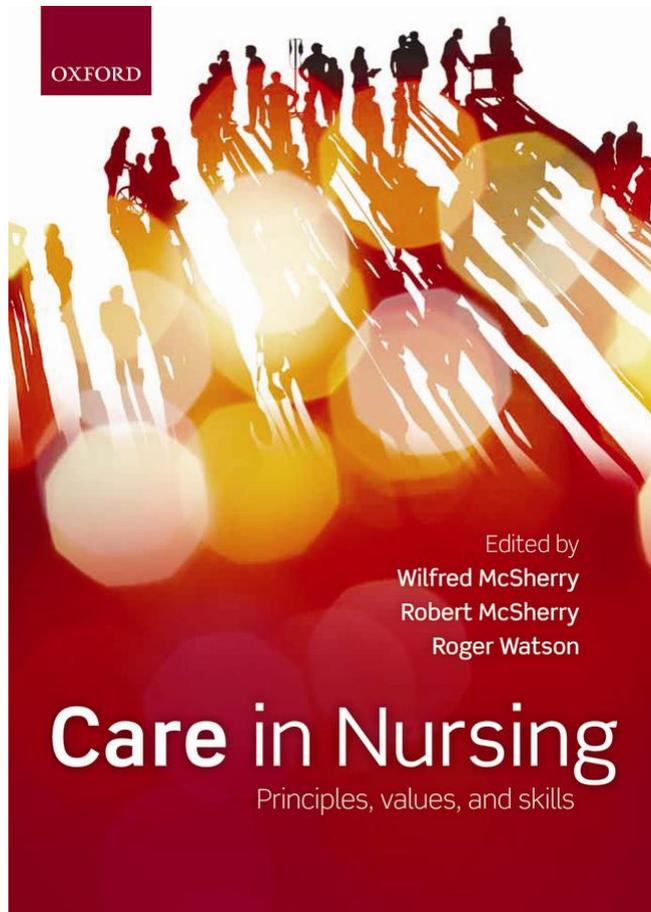


Conclusion

- Continue in our drive to re-establish and safeguard, our core values and principles of caring
- Spirituality and dignity remind us to focus our attention on the individual – the person, not the medical condition or treatment
- Institutions and organisations and indeed wider society must value the contribution that our health and social care workforce
- There must be a open, honest and transparent culture where integrity, honesty and sensitivity flourish

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February 2012

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